



King County

Wastewater Treatment Division

Industrial Waste Program

Department of Natural Resources and Parks

130 Nickerson Street, Suite 200

Seattle, WA 98109-1658

206-263-3000

206-263-3001 Fax

December 1, 2005

James C. Brown
Alaskan Copper Works - Marginal Way
P.O. Box 3546
Seattle, WA 98134

**TTO Compliance Certification Statement/Toxic Organic Management Plan Due
December 31, 2005**

Dear Mr. Brown:

King County Waste Discharge Permit No. 7201-03 and the federal regulations listed in 40 CFR 403.12(3) require that Alaskan Copper Works - Marginal Way submit biannually a Total Toxic Organic (TTO) compliance certification statement or discharge analysis. This federally stipulated requirement only applies to your federally designated categorical discharges. This requirement does not apply to discharges that are regulated under King County local limits.

Two forms are enclosed to aid you in completing the TTO reporting requirements. One of these forms must be completed and sent to King County no later than December 31, 2005.

To determine which form you should use, ask yourself if your facility discharges TTOs as part of metal finishing or electroplating operations:

- If you answered YES, you must complete FORM 1 and attach TTO analyses to show that you are in compliance with the TTO discharge limitation.
- If you answered NO, you must complete FORM 2 and have a Toxic Organic Management Plan (TOMP). In the spaces provided on FORM 2, indicate if your existing TOMP is still valid or if you are submitting a revised TOMP for approval.

If you have any questions, please feel free to call me at 206-263-3017.

Sincerely,

Lydia Eng
Investigator
Industrial Waste Program

Enclosures



CLEAN WATER - A SOUND INVESTMENT

1202M

AKC-0007599

TTO COMPLIANCE CERTIFICATION STATEMENT

FORM 1

Attached are analyses for the TTOs present at

Alaskan Copper Works - Marginal Way
3600 E. Marginal Way
Seattle, WA 98134

Permit No. 7201-03

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME: _____

SIGNATURE: _____

TITLE: _____

Principal Executive/Authorized Agent
(please circle one)

DATE: _____

Please return this form to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658

TTO COMPLIANCE CERTIFICATION STATEMENT

FORM 2

TTO Certification Statement for the operation located at

Alaskan Copper Works - Marginal Way
3600 E. Marginal Way
Seattle, WA 98134

Permit No. 7201-03

Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation or pretreatment standard for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that a qualified personnel properly gathers and evaluates the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(PLEASE COMPLETE SECTION 1 OR 2 BELOW)

1. The toxic organic management plan for the facility is the same as that submitted as part of the "90-Day Report" or subsequent correspondence with King County.

NAME: James Brown TITLE: Operations Mgr

SIGNATURE: James Brown DATE: 12/06/05

Principal Executive/Authorized Agent
(please circle one)

2. The toxic organic management plan for the facility is attached.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Principal Executive/Authorized Agent
(please circle one)

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Seattle, WA 98109-1658